

**MICHIGAN DEPARTMENT OF LABOR & ECONOMIC GROWTH
BUREAU OF COMMERCIAL SERVICES
CORPORATION DIVISION**

APPLICATION TO REGISTER A LIMITED LIABILITY PARTNERSHIP

This application shall be open to inspection by the public

| | | | | | | | |
|----------|--|--|--|--|--|--|--|
| P | | | | | | | |
|----------|--|--|--|--|--|--|--|

Pursuant to the provisions of Act 72, Public Acts of 1917, as amended, the undersigned execute the following and will operate as a Limited Liability Partnership:

1. The name and principal office address of the partnership is:

Note: The name must contain the words "Limited Liability Partnership" or the abbreviation "L.L.P.", or "LLP" at the end of the name.

2. A brief statement of the business of the partnership:

3. TO BE COMPLETED BY FOREIGN LIMITED LIABILITY PARTNERSHIPS ONLY

a. Home state of partnership if located outside Michigan: _____

b. Name of registered agent to receive service of process in Michigan: _____

c. Address of the registered office in Michigan:

_____, Michigan _____
(Street Address) (City) (ZIP Code)

4. Federal Employer Identification Number if available:

| | | | | | | | | | | |
|--|--|--|---|--|--|--|--|--|--|--|
| | | | - | | | | | | | |
|--|--|--|---|--|--|--|--|--|--|--|

5. AUTHORIZING SIGNATURES. This application has been executed by a majority in interest of the partners or by one or more individuals authorized by a majority in interest of the partners. If there are more than two signatures, use additional pages and attach to this application.

Social Security Number (Optional)

Signature

| | | | | | | | | | | |
|--|--|--|---|--|--|---|--|--|--|--|
| | | | - | | | - | | | | |
|--|--|--|---|--|--|---|--|--|--|--|

Signature

| | | | | | | | | | | |
|--|--|--|---|--|--|---|--|--|--|--|
| | | | - | | | - | | | | |
|--|--|--|---|--|--|---|--|--|--|--|

Date Received

FOR BUREAU USE ONLY

This registration expires one year from "filed" date.

- This form must be used to register a Limited Liability Partnership.
- Since this document will be maintained on optical disk media, it is important that the filing be legible. Documents with poor black and white contrast, or otherwise illegible, will be rejected.
- The registration fee is \$100.00. Make remittance payable to the State of Michigan.
- This application shall be open to inspection by the public.

To submit by mail:

Michigan Department of Labor & Economic Growth
Bureau of Commercial Services
Corporation Division
7150 Harris Drive
P.O. Box 30054
Lansing, MI 48909-7554

To submit in person:

2501 Woodlake Circle
Okemos MI
(517) 241-6470

Fees may be paid by VISA or Mastercard
when delivered in person to our office.